pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09880081

		CLAIMS AS			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			(Column	1)	(Colur	and the second s				OR I			
TOTAL CLAIMS					W. W. C.	43.44 P	 	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			9 mini	ıs 20=	* -1	7		X\$ 9=		OR	X\$18=		
IND	EPENDENT CLA	AIMS) mir	us 3 =	* - (2		X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							J	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	7/0	
CLAIMS AS AMENDED - PART II								SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
		(Column 1) CLAIMS		(Colui		(Column 3)) 1 r	SWALL	ADDI-		OMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 9	Minus	** <i>&</i>	20	= /		X\$ 9=		OR	X\$18=		
	шаоронаон	. /	Minus	*** c	3	=/] [X40=		OR	X80=		
L	FIRST PRESEN	ITATION OF M	ULTIPLE DEP	ENDEN	I CLAIM	/	┚┃	+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	·	(Column 1)		(Colu	mn 2)	(Column 3		ADDIT. FEE		Ē	7.001		
		CLAIMS		HIG	HEST		ጎ	T	ADDI-			ADDI-	
AMENDMENT B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 13	Minus	** (7	40	= /		X\$ 9= /	**************************************	OR	X\$18=	***************************************	
	Independent	* /	Minus	***	3		┪┃	X40=		OR	X80=		
L	FIRST PRESEN	TATION OF M	OLTIPLE DEF	ENDEN	CLAIM		┙┃	+135=	West of State in con-	OR	+270=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		(O - l 1)		(Colu	.mn (1)	(Column 3		ADDIT. FEE			ADDIT: I EL		
_		(Column 1) CLAIMS		HIGI	mn 2) HEST		Ίr		ADDI-			ADDI-	
AMENDMENT C	1.00	REMAINING AFTER AMENDMENT	4	PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**	, 1:-	=		X\$ 9=	1 22	OR	X\$18=	t solume et .	
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405			. 270-		
	If the entry in colur	un d'inlean than	the entry in eater	mn 2 w	to "O" in co	aluma 3		+135=		OR	+270=		
**	If the "Highest Nur	nber Previously F	aid For" IN THI	S SPACE	is less tha	an 20, enter "2	0."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													